

SERIAL NUMBER 09/449,575	FILING DATE 11/29/99	CLASS 385	GROUP ART UNIT 2874	ATTORNEY DOCKET NO. 552.112US01																		
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>JIN-YI PAN, WESTFORD, MA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>NAME</u> <u>TD</u></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>NAME</u> <u>TD</u></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>NAME</u> <u>TD</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/04/00</p> </div> </div>																						
<table style="width:100%; border: none;"> <tr> <td style="border: none;">Foreign Priority claimed</td> <td style="border: none;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td style="border: none;">STATE OR COUNTRY</td> <td style="border: none;">SHEETS DRAWING</td> <td style="border: none;">TOTAL CLAIMS</td> <td style="border: none;">INDEPENDENT CLAIMS</td> </tr> <tr> <td style="border: none;">35 USC 119 (a-d) conditions met</td> <td style="border: none;"><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> <td style="border: none;">MA</td> <td style="border: none;">7</td> <td style="border: none;">33</td> <td style="border: none;">4</td> </tr> <tr> <td colspan="2" style="border: none;"> Verified and Acknowledged <u>TD</u> <div style="display: flex; justify-content: space-between; width: 100%;"> Examiner's Initials Initials </div> </td> <td colspan="3"></td> <td></td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	7	33	4	Verified and Acknowledged <u>TD</u> <div style="display: flex; justify-content: space-between; width: 100%;"> Examiner's Initials Initials </div>					
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> SYSTEM AND METHOD FOR PROVIDING DESTINATION-TO-SOURCE PROTECTION SWITCH SETUP IN OPTICAL NETWORK TOPOLOGIES </div> </div>																						
<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none; vertical-align: top;"> FILING FEE RECEIVED \$1,072 </td> <td style="width:45%; border: none; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:40%; border: none; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div> </td> </tr> </table>					FILING FEE RECEIVED \$1,072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>															
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